

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Terry Victor Lee
Serial No: 10/531,771
Filed: April 19, 2005
For: ESCAPE DEVICE
Docket: 1849022US1ANP

Mail Stop PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR FILING RECEIPT

Sir:

We are requesting a Filing Receipt for the above-identified patent application filed on April 19, 2005. We have received our return receipt postcard (copy enclosed), but to date, we have not received the Filing Receipt for this application.

Thank you for your anticipated cooperation in this matter.

Respectfully submitted at Canton, Ohio this 5TH day of August, 2005.

SAND & SEBOLT



By: Joseph A. Sebolt
Reg. No. 35,352

Aegis Tower
4940 Munson Street, NW, Suite 1100
Canton, OH 44718-3615
Telephone: (330) 244-1174
Facsimile: (330) 244-1173
JAS/kab
Attorney Docket: 1849022US1ANP

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to

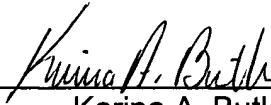
Mail Stop PCT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

on this 5TH day of August, 2005.

A handwritten signature in cursive script, reading "Karina A. Butler", is written over a horizontal line.

Karina A. Butler

JC10 Rec'd PCT/PTO 10/531771 19 APR 2005		NO. 772 ✓
Inventor/Applicant: <u>Terry Victor Lee</u>		Pat. No.: _____
Title: <u>Escape Device</u>		Ser. No.: <u>Unknown</u>
Attorney Docket No. <u>1849022US/19/00</u> Initials <u>KA</u>		Filed: <u>Hypenith</u>
		Date: <u>4/19/05</u>
<input checked="" type="checkbox"/> PATENT/DESIGN APPLICATION		
_____ UTIL _____ PRO _____ CONT. _____ CIP		
_____ DIV _____ PCT _____ RCE <input checked="" type="checkbox"/> NP		
<input checked="" type="checkbox"/> Declaration/Power of Atty. (Unexecuted)		
<input checked="" type="checkbox"/> Pages Specification (Revised)		
_____ Pages Claims		
_____ <input checked="" type="checkbox"/> total <input type="checkbox"/> independent		
_____ Pages Abstract		
_____ Sheet(s) of drawing(s)		
_____ formal _____ informal		
<input checked="" type="checkbox"/> Preliminary Amendment		
<input checked="" type="checkbox"/> APPLICATION DATA SHEET		
<input type="checkbox"/> PCT REQUEST		
<input checked="" type="checkbox"/> CHECK(S) in Amount \$ <u>500.00</u>		
<input type="checkbox"/> AMENDMENT (Due _____) _____ Ext. of Time for _____ Month(s)		
<input type="checkbox"/> ISSUE FEE		
<input checked="" type="checkbox"/> TRANSMITTAL (37)		
<input checked="" type="checkbox"/> New Application _____ Amendment		
_____ Assignment _____ Issue Fee		
_____ Fees _____ General		
<input checked="" type="checkbox"/> CERTIFICATE OF MAILING		
<input checked="" type="checkbox"/> EXPRESS MAIL NO.		
<u>EV 334075023US</u>		
<input checked="" type="checkbox"/> OTHER		
<u>Int. Prel. Exam. Report, Int. Search</u> <u>Report, PCT Written Opinion, English Response,</u> <u>English Abstract, IDS, PCT/ISA/210</u>		
RECEIPT IS HEREBY ACKNOWLEDGED		